## PART B - FEE(S) TRANSMITTAL

Ris form, together what applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450
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This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

NSTRUCTIONS: This to appropriate. All further condicated unless corrected maintenance fee notification	orrespondence including below or directed other	the Patent, advance order wise in Block 1, by (a)					ate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
27194 HOWREY LLP C/O IP DOCKET	l here States	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
2941 FAIRVIEW PARK DRIVE, SUITE 200 FALLS CHURCH, VA 22042-2924				(Depositor's name)			
09/22/2009 SSANDAR1	<del>                                     </del>				(Signature)		
01 FC:1501 1510.00 DA							(Date) CONFIRMATION NO.
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			DOCKET NO.	8796
10/814 729	03/30/2004		Kha H. Nguyen	02453.0029.NPUS00 8/96			
TITLE OF INVENTION: SYSTEM AND METHOD FOR EGRESS PACKET MARKING							
•						OTAL EEE(E) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE 10	OTAL FEE(S) DUE	12/03/7000
nonprovisional	NO	\$1510	\$0	·· \$1510		٥ مايولگر	12.03.2003
EXAMINER		ART UNIT	CLASS-SUBCLASS	}			
WONG, XAVIER S		2416	370-474000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  The patent will appear on the patent. If an assignee is identified below, the document has been filed for				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed fo PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment is identified below, the document has been filed for PLEASE NOTE: Unless an assignment is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
(A) NAME OF ASS	IGNEE	SANTA CLARA, CALIFORNIA					
KATREME NEIWORD, INC.							
Please check the appropriate assignce category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-3038 (enclose an extra copy of this form).				
5. Change in Entity S	tatus (from status indica ims SMALL ENTITY st	ted above) atus. See 37 CFR 1.27.	D. A - elienat is no l	onger claiming SN	AALL ENTI	TY status. See 37	7 CFR 1.27(g)(2).
		equired) will not be acceptates Patent and Tradema	oted from anyone other tha ark Office.	n the applicant; a	registered att	tomey or agent, c	or the assignee or other party in
Authorized Signatu	127					er 21, 200	)9
•		Z Ph D		Registratio	on No	41,131	( ) Laborated to process'
This collection of info an application. Confic submitting the comple this form and/or supgi	rmation is required by 3 lentiality is governed by eted application form to estions for reducing this a Virginia 22313-1450.	7 CFR 1.311. The inform 35 U.S.C. 122 and 37 Cl the USPTO. Time will v burden, should be sent to DO NOT SEND FEES C	nation is required to obtain FR 1.14. This collection is rary depending upon the ir o the Chief Information Of DR COMPLETED FORMS or respond to a collection of	or retain a benefit estimated to take dividual case. An ficer, U.S. Patent S TO THIS ADDR	by the public 12 minutes by comments and Trademates. SEND	c which is to file to complete, incl is on the amount of ark Office, U.S. o TO: Commission a valid OMB commission of the	(and by the USPTO to process uding gathering, preparing, and of time you require to complete Department of Commerce, P.O. oner for Patents, P.O. Box 1450 introl number.

Adjustment date: 09/22/2009 SSANDAR1 07/20/2009 INTEFSW 00003627 083038 10814729 PTOL-85 (REV. 18707) Approved 361 use hir rough 08/31/2010.